

ST. JOSEPH'S REHABILITATION CENTER

2902 EAST AVENUE SOUTH

LA CROSSE 54601 Phone:(608) 788-9870

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/05): 80

Total Licensed Bed Capacity (12/31/05): 80

Number of Residents on 12/31/05: 73

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Nonprofit Church/Corporation

Skilled

No

Yes

Yes

70

Age, Gender, and Primary Diagnosis of Residents (12/31/05)				Length of Stay (12/31/05)		%	
Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		54.8	
Developmental Disabilities	0.0	Under 65	6.8	1 - 4 Years		23.3	
Mental Illness (Org./Psy)	13.7	65 - 74	12.3	More Than 4 Years		21.9	
Mental Illness (Other)	1.4	75 - 84	24.7			-----	
Alcohol & Other Drug Abuse	0.0	85 - 94	47.9			100.0	
Para-, Quadra-, Hemiplegic	1.4	95 & Over	8.2	-----			
Cancer	4.1		-----	Full-Time Equivalent			
Fractures	4.1		100.0	Nursing Staff per 100 Residents			
Cardiovascular	20.5	65 & Over	93.2	(12/31/05)			
Cerebrovascular	1.4		-----	-----			
Diabetes	4.1	Gender	%	RNs		13.4	
Respiratory	5.5		-----	LPNs		11.2	
Other Medical Conditions	43.8	Male	21.9	Nursing Assistants,			
	-----	Female	78.1	Aides, & Orderlies		49.4	
	100.0		-----				
			100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	2	22.2	319	0	0.0	0	0	0.0	0	2	9.5	235	1	20.0	149	0	0.0	0	5	6.8
Skilled Care	7	77.8	325	30	81.1	128	0	0.0	0	16	76.2	195	4	80.0	128	1	100.0	326	58	79.5
Intermediate	---	---	---	7	18.9	108	0	0.0	0	3	14.3	187	0	0.0	0	0	0.0	0	10	13.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		37	100.0		0	0.0		21	100.0		5	100.0		1	100.0		73	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	5.7	Bathing	1.4	72.6	26.0	73
Private Home/With Home Health	0.5	Dressing	17.8	72.6	9.6	73
Other Nursing Homes	1.4	Transferring	30.1	47.9	21.9	73
Acute Care Hospitals	87.7	Toilet Use	23.3	58.9	17.8	73
Psych. Hosp.-MR/DD Facilities	0.0	Eating	69.9	27.4	2.7	73
Rehabilitation Hospitals	0.0	*****				
Other Locations	3.3	Continence		%	Special Treatments	%
Total Number of Admissions	211	Indwelling Or External Catheter	8.2	Receiving Respiratory Care		0.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	49.3	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	49.0	Occ/Freq. Incontinent of Bowel	20.5	Receiving Suctioning		0.0
Private Home/With Home Health	6.8			Receiving Ostomy Care		2.7
Other Nursing Homes	5.8	Mobility		Receiving Tube Feeding		0.0
Acute Care Hospitals	11.2	Physically Restrained	0.0	Receiving Mechanically Altered Diets		12.3
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		54.8
Other Locations	0.0	With Pressure Sores	5.5	Medications		
Deaths	16.5	With Rashes	2.7	Receiving Psychoactive Drugs		52.1
Total Number of Discharges (Including Deaths)	206					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.5	93.4	0.94	86.3	1.01	88.8	0.99	88.1	0.99
Current Residents from In-County	89.0	85.9	1.04	80.0	1.11	83.2	1.07	77.6	1.15
Admissions from In-County, Still Residing	16.6	20.9	0.80	18.8	0.88	18.7	0.89	18.1	0.92
Admissions/Average Daily Census	301.4	162.7	1.85	180.5	1.67	177.7	1.70	162.3	1.86
Discharges/Average Daily Census	294.3	162.0	1.82	178.7	1.65	179.2	1.64	165.1	1.78
Discharges To Private Residence/Average Daily Census	164.3	81.3	2.02	87.1	1.89	83.4	1.97	74.8	2.20
Residents Receiving Skilled Care	86.3	97.5	0.88	96.4	0.89	96.3	0.90	92.1	0.94
Residents Aged 65 and Older	93.2	96.3	0.97	93.5	1.00	91.3	1.02	88.4	1.05
Title 19 (Medicaid) Funded Residents	50.7	54.2	0.94	59.0	0.86	61.8	0.82	65.3	0.78
Private Pay Funded Residents	28.8	31.8	0.90	24.5	1.17	22.5	1.28	20.2	1.43
Developmentally Disabled Residents	0.0	0.5	0.00	0.8	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	15.1	33.9	0.45	31.6	0.48	34.8	0.43	32.9	0.46
General Medical Service Residents	43.8	25.2	1.74	26.1	1.68	23.0	1.90	22.8	1.93
Impaired ADL (Mean)	44.1	49.3	0.89	47.8	0.92	48.4	0.91	49.2	0.90
Psychological Problems	52.1	57.5	0.91	57.6	0.90	59.5	0.88	58.5	0.89
Nursing Care Required (Mean)	2.9	6.9	0.42	7.0	0.42	7.2	0.40	7.4	0.39